U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Telephone Number

This report is mandatory under P.L. 86-257, as amended. Failure to comply may just	ult in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.
For Official Use Only	Ex.
READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.
1. File Number U - 6/13	2. Fiscal Year Covered From:
	01 / 01 / 2004 Through: 12/31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Donald G. Mitchell	Name International Union of Elevator
	Constructors Labor Organization File Number 021-245
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 920 Pimlico Drive	Street 2630 Aero Drive
City midlothian	City Grand Prairie
State Texas ZIP Code + 4 76065	State Texas ZIP Code + 4 75052
Business Manager/Fina Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion) A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	nature
undersigned's knowledge and belief, true, correct, and complete. (See the se	(ing documents) has been examined by the signatory and is, to the best of the
Signed Withell	on 8/4/05 (972)606-0681

Name of Person Filing Donald Mitchell		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name National Elevator Industry Pension Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 19 Campus Blvd, Suite 200 City Newtown Square State Pennsylvania ZIP Code + 4 19073-3288	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4		ue of such dealing. d or income received. expenses for attendence at the rid of Trustees' meeting and cost of
	12.b. Amount.	\$3,871
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code ÷ 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name	of	Person	Filing
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Donald Mitchell

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

:		**************************************
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name National Elevator Industry Pension Plan Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 19 Campus Blvd, Suite 200	c. Employer	
City Newtown Square		
State Pennsylvania ZIP Code + 4 19073-3288		,
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name V	See LM-30 Attachment.	
Trade Name, if any:		e de jamen en elemente de j La companya de la companya de jamen elemente
P.O. Box, Bldg., Room No., if any		asses south or the second or t
Street		nonzervenn staleren
City		manyon seed-aayan tayan ta
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	commence de la commencia de la April de la commencia del
	12.a. Nature of interest held or income received.	
	Reimbursements of expenses for att May 2004 Board of Trustees' meetin meals provided by the fund.	endence at the g and cost of
	12.b. Amount.	\$1,136

Name	οf	Person	Filina
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Donald Mitchell

File Number U	F	le	N	ım	ber	u
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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name National Elevator Industry Pension Plan	a. Labor Organization	
Trade Name, if any:	generated by Theoretical	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 19 Campus Blvd, Suite 200	c. Employer	
City Newtown Square		
State Pennsylvania ZIP Code + 4 19073-3288		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	See LM-30 Attachment.	
Trade Name, if any:		90 COURT BOOK STATE OF THE STAT
P.O. Box, Bldg., Room No., if any		
Street		TTTTH-ARRAPISAC ARRAPISAC
		noanter-consequence
State Since State	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Reimbursements of expenses for attempted by the fund.	endence at the eeting and cost
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		exemperation
		general state of the state of t
	12.b. Amount.	\$968

Name	of	Person	Filing
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Donald Mitchell

File Number U-

Part B Continuation Page

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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name National Elevator Industry Pension Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust	
Street 19 Campus Blvd, Suite 200	c. Employer	
City Newtown Square		
State Pennsylvania ZIP Code + 4 19073-3288		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	See LM-30 Attachment.	- 1905 б. б. б. б. с. д. 1904 б. б. б. с.
Trade Name, if any:		risia lepinere menono consessono del
P.O. Box, Bldg., Room No., if any	The state of the s	30 New Year Collection
Street		неличения
City International control of the co		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Reimbursements of expenses for att September 2004 Board of Trustees' of meals provided by the fund.	endence at the meeting and cost
	12.b. Amount.	\$1,045

LM-30 Attachment

Name: Donald Mitchell Ending date of report period: 12/31/04

LM-30 File Number: To be assigned

LM-30 Item Number

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization includes the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealing with the union, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.